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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/720,570			ing Date 23/2004	To be Mailed
APPLICATION AS FILED — PART I  (Column 1)  (Column 2)  SMALL ENTITY  OR  SMALL ENTITY												
Т	FOR	JMBER FIL	R FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (f), r	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x s =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *					x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			size fee due or each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										ı		
* If	the difference in coli	r "0" in column		TOTAL		]	TOTAL					
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY           CLAMIS         HIGHEST												
AMENDMENT	06/06/2008	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 9	Minus	20		= 0		x s =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	· 2	Minus	3		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	R LY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	*		=		x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	٠	Minus	***		-		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
* 12	If the oaks is coloured in location the oaks in coloure 2 units 100 to coloure 2									OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20".  **If the "H												

has collection of information is expand by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to it follows by the USFTO to process) an application. Confederability is governed by 35 USs. C. 22 and 37 CFR 1,4. 1 this collection is estimated to these 12 crimitates to complete equation groups propaging, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child Information Officer. U.S. Patent and Transfor Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.